



An Information Service of the Division of Medical Assistance

**North Carolina
Medicaid Pharmacy
Newsletter**

Number 147

June 2007

In This Issue...

NPI and New Claim Forms Implementation Changes

NPI Reporting Tips

Medication Therapy Management Will Become Focus Risk Management (FORM)

Addition to OTC Coverage List

Changes in Drug Rebate Manufacturers

Published by EDS, fiscal agent for the North Carolina Medicaid Program
1-800-688-6696 or 919-851-8888

NPI and New Claim Forms Implementation Changes

The Division of Medical Assistance (DMA) will not implement utilization of the National Provider Identifier (NPI) on the originally scheduled implementation date of May 18, 2007. Claims will continue to be adjudicated after the May 23rd date using the Medicaid Provider Number instead. The Center for Medicare and Medicaid Services (CMS) is concerned about the health care industry's state of readiness with regard to successful implementation of the NPI. CMS will focus on voluntary compliance and is allowing entities covered under the Health Insurance Portability and Accountability Act (HIPAA) of 1996 to employ a contingency plan after May 23, 2007. DMA's contingency plan is based on continued use of the Medicaid Provider Number. As a result, the date on which DMA will implement the NPI rule is yet to be determined.

Due to the delay in NPI implementation, claims submitted after May 18, 2007, without a Medicaid Provider Number will be denied.

Providers should be aware that voluntary compliance does not change the HIPAA requirement that health care providers obtain an NPI by May 23, 2007. DMA will continue to collect NPI information from providers, and N. C. Medicaid strongly encourages providers to immediately begin submitting claims that contain both their Medicaid Provider Number and their NPI.

In addition, N.C. Medicaid will no longer accept the old CMS-1500 (12/90) after **July 1, 2007**. Any CMS-1500 (12/90) old paper claim version sent after **July 1, 2007**, will be returned to providers. N.C. Medicaid requests that providers continue to send only the new paper claim versions of the UB-04 and ADA claim forms. Medicaid will publish in upcoming bulletin articles the final date that the old paper versions of the ADA form and the UB-92 will be accepted. **There will be minor changes to the pharmacy claim form and this information will be communicated in future newsletters.**

Additional information regarding the new NPI implementation date will be communicated when available. The quickest and easiest way for providers to obtain updated information regarding the NPI will be via email from the NPI Electronic Mailing List. If you have not subscribed to the Electronic Mailing List, please do so immediately by visiting the DMA web site at <http://www.ncdhhs.gov/dma/NPI.htm>. Click on the NPI Mailing List link highlighted in red at the top of the page to subscribe. In addition, NPI information will be communicated to providers via bulletins, remittance advice banner messages, and the DMA web site.

NPI Reporting Tips

N.C. Medicaid requires all providers to report NPI(s) by using either the NPI Collection Spreadsheet (EDI) or the NPI Collection Form. Both the spreadsheet and the form are located on the DMA web site: www.ncdhhs.gov/dma/npi.htm. Over half of the N.C. Medicaid provider community still needs to report their NPI. Providers should report all NPIs to Medicaid as soon as possible. Some reported NPIs are being returned to the provider and not loaded into the provider database. The NPI cannot be loaded because of errors in the information being submitted. The following trends have been identified which result in NPI reporting errors:

Common Error	How to Avoid It
Reporting the same NPI for a group and individual provider	<p>There are two different types of NPIs: Type I (individual) and Type II (organizational). The same NPI would never represent both an individual and a group.</p> <ul style="list-style-type: none"> · Each individual provider must apply for and obtain a unique NPI. · Entities may apply for an organizational NPI to represent the group. · Also, providers do not need to “link” the individual’s NPI to the group NPI. Do not submit a NPI collection spreadsheet or form for this reason. <p>If a provider joins or leaves a group, submit a Provider Change Form. The provider change form is located on the DMA web site: at www.ncdhhs.gov/dma/forms.html</p>
Attempting to change an NPI using the NPI Collection Spreadsheet	A provider whose NPI changes (for example, from one NPI for multiple Medicaid provider numbers and has now decided to subpart), must report the change on the NPI Collection Form and write the word “ UPDATE ” at the top. If changes are submitted via the NPI Collection Spreadsheet (EDI), the database will not be updated because an NPI will already be on file for the provider.
Submitting the word “pending” in the Medicaid Provider Number or NPI field, or leaving these fields blank	If all fields on either the NPI Collection Spreadsheet (EDI) or NPI Collection Form cannot be completed, do not attempt to report an NPI. New Medicaid providers do not need to submit an NPI Collection Spreadsheet (EDI) or NPI Collection Form. New providers are required to submit their NPI on the Medicaid Provider application.
Deleting columns on the NPI Collection Spreadsheet	The spreadsheet is automated and all columns are required in order for the information to load into the database correctly.
Submitting taxonomy codes in the NPI field	Verify submitted information matches the column or field heading.
Failing to complete the submitter information	This information is required in case DMA needs to contact the provider regarding the information submitted.
Selecting the incorrect indicator from the drop down box on the NPI Collection Spreadsheet(EDI)	Group and individual NPIs may be reported using the same spreadsheet. Frequently the incorrect indicator is selected on the drop down box. It should be ‘I’ for individual or ‘G’ for group. This must be designated for each line on the spreadsheet.

Medication Therapy Management Will Become Focus Risk Management (FORM)

Effective August 1, 2007, the program now known as Medication Therapy Management (MTM) will become Focus Risk Management (FORM). Complete details will be listed in a Special Medicaid Bulletin which will be posted on DMA's new web site, www.ncdhhs.gov/dma on July 1, 2007.

The management fees that automatically pay on the first checkwrite of the following month will no longer occur after the July payment (for June). Providers performing their July FORM reviews for the third calendar quarter (July, August, September) will need to document the Date of Service for the July review and submit the professional services fee at the POS as detailed in the Special Bulletin beginning in August. Once the system changes are implemented in August 2007, providers will be able to submit their professional services fee for the quarterly FORM reviews at the POS.

Addition to OTC Coverage List

The following OTC is available for reimbursement by N.C. Medicaid in conjunction with a prescription order by the physician. The OTC list is located in the General Clinical Policy No. A-2 on the DMA web site: <http://www.dhhs.state.nc.us/dma/APA/A2.pdf>.

Drug	NDC	Effective Date
CLARITIN 5mg Grape Chewable Tabs	11523-7198-01	6/21/2007

Changes in Drug Rebate Manufacturers

The following changes are being made in manufacturers with Drug Rebate Agreements. They are listed by manufacturer code, which are the first five digits of the NDC.

Additions

The following labelers have entered into Drug Rebate Agreements and have joined the rebate program effective on the dates indicated below:

<i>Code</i>	<i>Manufacturer</i>	<i>Date</i>
10370	Anchen Pharmaceuticals	05/14/2007
13632	Rosemont Pharmaceuticals	05/29/2007
24478	NextWave Pharmaceuticals, Inc.	06/07/2007
25682	Alexion Pharmaceuticals	05/14/2007
51817	Pharmascience Laboratoties., Inc	05/14/2007
55253	Cima Labs, Inc	05/14/2007
68682	Oceanside Pharmaceuticals	05/14/2007

Changes in Drug Rebate Manufacturers (cont.)

Terminated Labelers

The following labeler codes are being terminated effective 10/01/2007:

Delta Pharmaceuticals, Inc. (Labeler Code 17518)

Delta Pharmaceuticals, Inc. (Labeler Code 53706)

Axiom Pharmaceutical Corporation. (Labeler Code 67870)

The following labeler code was voluntarily terminated effective January 1, 2007:

Lotus Biochemical., (Labeler Code 59417)

Checkwrite Schedule

June 05, 2007	July 03, 2007	August 07, 2007
June 12, 2007	July 10, 2007	August 14, 2007
June 21, 2007	July 17, 2007	August 23, 2007
	July 26, 2007	

Electronic Cut-Off Schedule

June 07, 2007	July 05, 2007	August 02, 2007
June 14, 2007	July 12, 2007	August 09, 2007
June 28, 2007	July 19, 2007	August 16, 2007
		August 30, 2007

Electronic claims must be transmitted and completed by 5:00 p.m. on the cut-off date to be included in the next checkwrite. Any claims transmitted after 5:00 p.m. will be processed on the second checkwrite following the transmission date. POS claims must be transmitted and completed by 12:00 midnight on the day prior to the electronic cut-off date to be included in the next checkwrite.



Mark T. Benton, Director
Division of Medical Assistance
Department of Health and Human Services



Cheryll Collier
Executive Director
EDS